

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
INSTRUCTIONS FOR
MAINECARE HOME HEALTH ADMIT/DISCHARGE FORM**

THIS FORM COMMUNICATES ADMISSIONS AND DISCHARGES OF MEMBERS RECEIVING SERVICES THROUGH THE MAINECARE HOME HEALTH BENEFIT.

Member Name: Enter the complete name of the member. First, MI, Last Name

MaineCare Number: Enter 9 digit MaineCare number.

Provider Contact Person: Enter name of the contact person from your agency that may be contacted to discuss the admission/discharge or status of this member.

Provider Name: Enter your agency name. Do not enter a corporate company name.

Provider Telephone: Enter your agency's phone number.

Provider Fax: Enter your agency's fax number.

NEW ADMIT TO YOUR AGENCY: (send only to OES Fax # 287-9231) Original Start of Care Date _____

Check the NEW ADMIT box and enter original start of care date to indicate when a member is first admitted to your agency under MaineCare Home Health. Fax this form to OES at 207-287-9231. Upon receipt of this form, the 485 and MD documentation of rehab potential for therapies if applicable, the Department will review your information & verify MaineCare financial eligibility. If the member appears to be medically & financially eligible for home health services, a classification code will be entered into the Department's claims system. If during any current certification period, another discipline is added to the plan of care OES must receive an updated start of care form and the verbal order documentation. The new classification codes are specific in what disciplines are allowed under the code. To avoid payment problems, home health agencies must submit the form to OES within 14 days or 5 days for recertifications. Please keep a copy of the form and verification, if submitted by fax (a fax print journal is best), to document that it has been forwarded to OES.

Psychiatric Medication Services Only: If the member has a severe and disabling mental illness that meets the eligibility requirement set forth in Section 17 and they are receiving MaineCare Home Health services for medication administration or monitoring only, check this box and enter the start of care date. (**Reminder:** These members do not need prior authorization for this service. If they require additional services they will need an assessment done by Goold Health Systems before any additional services will be reimbursed by MaineCare.) **Do not check off RN under Nursing Services if Psychiatric Medication Services is the only service the member is receiving.** The Behavioral and Developmental Services' MaineCare Section 17 Client Certification Form must be completed on each member on an annual basis (July 1 to June 30-each state fiscal year), and must accompany the member's admission paperwork.

17.02-4 : Determination of Eligibility. For each member seeking community support services, a designated community support provider will:

- B. Determine the member's eligibility, initially and annually, for community support services, and complete the appropriate verification of eligibility form provided by the Office of Adult Mental Health. The annual verification must include a recent diagnosis as documented by an appropriately licensed professional.

CERTIFICATION PERIOD: The home health agency must submit the member's admission home health paperwork (Admit Form, 485 and reason out-patient services are contraindicated) to OES within 14 days of admission. If the member requires a 2nd Certification Period, the agency will need to submit re-certification paperwork (Admit Form, 485 for the 2nd Cert Period and reason out-patient services are contraindicated) to the OES within 5 calendar days following the start of the second certification period (Section 40.08-D). Indicate if the paperwork is for the 1st or 2nd Certification Period, by checking the appropriate box on the Admission Form.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

INSTRUCTIONS FOR

MAINECARE HOME HEALTH ADMIT/DISCHARGE FORM

Readmit within Certification Period:

OES has revised the admit start of care form to include a resumption of services date field. Please begin to submit this form when you have temporarily suspended services to a member under an active certification period due to a hospitalization and a LTC assessment for NF placement or community LTC. This new item, shaded in gray, will ONLY be used when a person resumes services during a valid certification period after being in the hospital or nursing facility for a short stay of 30 days or less. Example: a member may need to access the 30 day Community MaineCare benefit for NF. OES receives that outcome from GHS and closes the HH classification and opens the NF classification. If the member returns home within the 30 days and HH resumes services, OES will have shutdown the HH & entered NF classification based on the assessment outcome. If the HH agency does not tell us services have been resumed, claims submitted will kick due to classification dates are not in the system. Check the appropriate box 1, 2, or 3 and enter the restart dates for the disciplines provided in the start of care column.

Section 40.02-3: MaineCare Home Health Medical Eligibility Requirements: MaineCare members must meet specific medical eligibility criteria before a Home Health Agency will be reimbursed for providing home health services under MaineCare. Home Health Services may be provided to a MaineCare member if the member meets the eligibility requirements as specified in Chapter II, Section 40.02-3 of the MaineCare Benefits Manual.

Enter the services that are being delivered as certified by the physician. Enter the start date for each of those services. If services have been discontinued and are no longer needed during the 2nd Cert Period, make the corrections as appropriate, on the Admit Form that supports the 485 for the 2nd Cert Period. The member's medical condition must require skilled services on a part-time or intermittent basis, or otherwise no less than twice per month.

- **RN Teach/Train:** This category of service is for members who require teaching and training for a medical condition. A maximum of 120 days of service per admission is allowed under this service category. Following 120 days of this service, the member is no longer eligible for this service category, per Section 40.06-E, unless the member's medical condition meets the "Unstable" definition.
- **RN Assessment and Management:** This category of service is available **ONLY** if the member's medical condition requires assessment and management for a **new or recent** medical condition that has occurred within the past 30 days. A maximum of 120 days of service per admission is allowed under this service category. Following 120 days of this service, the member is no longer eligible for this service category, per Section 40.06-E, unless the member's medical condition meets the "Unstable" definition.
- **RN-Skilled Nursing**
- **Psychiatric Medication Services:** If the member is receiving psychiatric medication services only, **DO NOT** check off the Psychiatric Medication Services box under this section. You will have filled out the section on Psychiatric Medication Services Only. If the member is receiving psychiatric medication services and additional services, check off all appropriate boxes in this section as long as valid prior authorization is in place.
- **Home Health Aide**
- **Medical Social Services:** This category of services is **ONLY ALLOWED** if it is done in conjunction with skilled nursing services, or physical, occupational or speech or language therapy services. MSS services are not reimbursed under MaineCare Home Health as a stand-alone service.

NOTE: New Section for therapies: Check that Rehab Potential has been documented. Check which therapies are being delivered and enter the start of Care date for that therapy. When the person is receiving Physical or Occupational Therapy one of the items in the right-hand block MUST be checked, indicating what circumstance has prompted the need for therapies. The MD documentation for rehabilitation potential must be submitted with the admit start of care form and the 485.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
INSTRUCTIONS FOR
MAINECARE HOME HEALTH ADMIT/DISCHARGE FORM**

DISCHARGED TO (send only to OES Fax # 287-9231): This section is used to notify the Department of all MaineCare Home Health discharges on the day of discharge. When a member is discharged from your agency, fax this form to OES. Check off the appropriate discharge reason, name of program or facility when applicable, and the Home Health End Date. When EIM notifies the HHA that services for a MaineCare LTC program will begin, the HHA will send this Admit/Discharge form to OES with Discharged to Other Long-term Care Program checked off. The Home Health End Date entered will be last day of Awaiting Placement coverage. This is the date that will be entered into the claims management system.

Person completing this form: The person completing this form should sign and date in the space provided. Please keep a copy of this admit/discharge form and verification, if submitted by fax (a fax print journal is best), to document that it has been forwarded to OES.